

IMPORTANT: WV Code Chapter 5A, Article 10 vests in the Real Estate Division the sole authority to lease or acquire all space required by a state agency, except as specifically exempted. Real Estate Division regulations require that this form be completed prior to an agency leasing, renewing a lease, or acquiring space. ALL FIELDS MUST BE COMPLETED.

TRANSACTION TYPE: ☐ Lease Renewal ☐ Lease Cancellation ☐ Non-Renewal ☐ Expansion or Contraction (Explain Below)

DATE: _____ **LEASE RENEWAL REQUISITION** **LEASE #:** _____

AGENCY CONTACT INFORMATION:

Agency: _____
Address: _____
City/State/Zip: _____
Fax Number: _____

Agency Contact: _____
Contact Title: _____
Department: _____
Phone Number: _____
E-mail Address: _____

CURRENT DESCRIPTION OF LEASED SPACE:

RENT AND TERM:

Current Rent: _____ (per sq. foot)
_____ (monthly)

Current Term: _____ years
Desired New Term: _____ years*
_____ Other (specify)

*Maximum allowable 40 years

Head Count: _____

SERVICES PROVIDED:

Water/Sewerage	Lessor	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Electricity	Lessor	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Natural Gas	Lessor	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Trash Removal	Lessor	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Snow Removal	Lessor	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Custodial Service/Supplies	Lessor	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	N/A	<input type="checkbox"/>
_____ # Parking Spaces	Lessor	<input type="checkbox"/>	Tenant	<input type="checkbox"/>	N/A	<input type="checkbox"/>

Service Changes: Yes ☐ No ☐

If Yes, What Changes: _____

LESSOR (Property Owner) DATA:

Lessor Name: _____
Address: _____
City: _____
State: _____ Zip: _____

Registered in wvOASIS: Yes ☐ No ☐

Contact Person: _____
Phone Number: _____
Fax Number: _____
E-mail Address: _____

LESSOR ORGANIZATIONAL INFORMATION:

<u>Lessor Business Type:</u> _____	State Incorporated in: _____
Corporation, Limited Liability Company, Etc.*	Name of Signatory: _____
Board, Commission, Authority, City Council **	Title of Signatory: _____
	Name of Signatory: _____
	Title of Signatory: _____

ISSUES/CONCERNS: Please state any changes, issues, or concerns with regards to the property, Lessor, maintenance, etc.

*Note: Persons signing for a corporation who hold positions other than President or Vice-President must have written authorization from said President or Vice-President granting them signature authority

**Note: Approved meeting minutes from the board, city council, county commission, authority, etc. are required.

I certify: 1) that the cost of rent and other expenses incurred for the space described herein shall be the full responsibility of this agency; 2) this space is required for the proper function of this agency; and, 3) that satisfactory space is not available on grounds or in buildings or facilities currently owned or leased by the State.

By: _____ **Title:** _____ **Date:** _____